

**2019 CONTRA COSTA COUNTY
MONTHLY MEDICAL AND DENTAL PLAN PREMIUMS**

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 COUNTY MONTHLY SUBSIDY	2019 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$812.06	\$641.65	\$170.41
Employee & 1	\$1,624.10	\$1,271.99	\$352.11
Employee & 2 or more dependents on Basic Plan	\$2,436.18	\$1,980.17	\$456.01
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$900.19	\$672.58	\$227.61
Employee & 1	\$1,800.37	\$1,314.95	\$485.42
Employee & 2 or more dependents on Basic Plan	\$2,700.56	\$2,106.48	\$594.08
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$877.30	\$600.00	\$277.30
Employee & 1	\$1,754.60	\$1,200.00	\$554.60
Employee & 2 or more dependents on Basic Plan	\$2,631.90	\$1,825.00	\$806.90
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$697.28	\$600.00	\$97.28
Employee & 1	\$1,394.56	\$1,200.00	\$194.56
Employee & 2 or more dependents on Basic Plan	\$2,091.84	\$1,825.00	\$266.84
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$559.68	\$559.68	\$0.00
Employee & 1	\$1,119.36	\$1,119.36	\$0.00
Employee & 2 or more dependents on Basic Plan	\$1,679.04	\$1,679.04	\$0.00
HEALTH NET HMO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,677.56	\$986.18	\$691.38
Employee & 1	\$3,355.12	\$1,765.02	\$1,590.10
Employee & 2 or more dependents on Basic Plan	\$5,032.68	\$3,230.62	\$1,802.06
HEALTH NET HMO PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,166.55	\$882.34	\$284.21
Employee & 1	\$2,333.10	\$1,720.86	\$612.24
Employee & 2 or more dependents on Basic Plan	\$3,499.65	\$2,721.74	\$777.91
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$2,340.40	\$1,226.79	\$1,113.61
Employee & 1	\$4,680.80	\$2,109.72	\$2,571.08
Employee & 2 or more dependents on Basic Plan	\$7,021.20	\$4,251.97	\$2,769.23

**EMPLOYEES REPRESENTED BY AFSCME LOCAL 2700, AFSCME LOCAL 512, * DSA Probation, IFPTE LOCAL 21, IHSS,
UNREPRESENTED MANAGEMENT, AND WCE**

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DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.06	\$41.17	\$4.89
	Employee + 1	\$104.04	\$93.00	\$11.04
	Employee + 2 or more	\$104.04	\$93.00	\$11.04
For Health Net Plans	Employee	\$46.06	\$34.02	\$12.04
	Employee + 1	\$104.04	\$76.77	\$27.27
	Employee + 2 or more	\$104.04	\$76.77	\$27.27
For Kaiser Permanente Plans	Employee	\$46.06	\$34.02	\$12.04
	Employee + 1	\$104.04	\$76.77	\$27.27
	Employee + 2 or more	\$104.04	\$76.77	\$27.27
Without a Health Plan	Employee	\$46.06	\$43.35	\$2.71
	Employee + 1	\$104.04	\$97.81	\$6.23
	Employee + 2 or more	\$104.04	\$97.81	\$6.23
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Employee + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Employee + 2 or more	\$62.81	\$59.03	\$3.78
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44

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